Date Completed:	Date Received:

MAINE DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES CENTER
APPLICATION FOR CHILD CARE SERVICES

Applying For: Voucher ☐ Subsidized Slot ☐
New Applicant ☐ TANF Transitional ☐ Redetermination ☐ Wait List Update ☐

Applicant Name: _____ Relationship to Children:

Address: _____
Street , RFD, PO Box Town/City Zip County

Town of Legal Residence: _____ Home Phone: _____
Applicant's Employer: _____ Work Phone:

Mother's Occupation: _____	**Work**	Full Time	☐	Part Time	☐	**Student**	Full Time	☐	Part Time	☐
Father's Occupation: _____	**Work**	Full Time	☐	Part Time	☐	**Student**	Full Time	☐	Part Time	☐

If parent is a student, what is the anticipated graduation date? _____

A. Household Information: (Check all that apply)

	Marital Status		Living Arrangement		Do You Receive?
☐	Married	☐	Alone with Children	☐	TANF or PAS
☐	Single	☐	With Spouse	☐	Subsidized Housing
☐	Child*	☐	With Relative	☐	Food Stamps
☐		☐	With Non Relative	☐	Medicaid
☐		☐	With Other	☐	ASPIRE

** Child open to Child Welfare or in Guardianship status.*

B. List All Members of the Household: (Whether they use child care or not)

1. List all members of the household – Applicant's name should be entered first.
2. List sex of all household members
3. List birth date of all household members
4. List Social Security # of all household members
5. List . Relationship to Applicant to all household members
6. List Ethnicity of all household members. List all that apply: **H/L** = Hispanic/Latino, **NA/A** = Native American/Alaskan, **A** = Asian, **B/AA** = Black/African American, **H/PI** = Hawaiian/Pacific Islander, **W** = White
7. Put Y if care is needed for this child, N if care is not needed
8. Put Y if this child is receiving child care through a non-voucher source such as Subsidized Slots, ASPIRE, etc.

1. Name	2. Sex M/F	3. Date of Birth m/d/yr	4. Social Security #	5. Relationship to Applicant	6. Ethnicity	7. Child Care Needed Y/N	8. Child in Other Child Care
				Self		N	NA

C. Family Income and Source:

SOURCE	Name	Weekly	Biweekly	Monthly	Annually	Documentation Needed
TANF (Former AFDC)						**Grant letter, check**
SSI						**Grant letter, check**
Social Security						**Grant letter, check**
VA Pension						**Grant letter, check**
Other						**Grant letter, check**
Child Support						**Court order**
Alimony						**Court order/check**
Worker's Comp						**Grant letter, check**
Unemployment Comp						**Grant letter, check**
Disability Payments						**Grant letter, check**
Self Employment (Adj.						**Tax return**
Rental Income						**Tax return**
Wages/salary**						**Wage stubs**
Wages/salary**						**Wage stubs**
Other						
Total:						

D. Number of household members sharing income: _____

****DEFINITIONS**

GROSS WAGES/SALARY: Total earned income before any deductions.

SELF-EMPLOYMENT: (If major source of support) Self-employment income shall be averaged over a twelve-month period. This applies even when it is received in a shorter period of time. If the twelve month average is not an accurate reflection of circumstances or a business has been in operation only a part of the year, income will be averaged for the months in operation or the Provider may calculate the self employment income based on anticipated earnings.

(If supplemental source of support) Seasonal or part time self-employment income which supplements other income shall be averaged over the season or course of the work.

NEW EMPLOYMENT: A statement of hourly rate and average hours worked per week from the employer can be used to determine eligibility. Verification needs to be completed after 6 weeks of employment.

E. Child Support Statement

Please complete the following information for all children.

- ☐ I have a court order for child support _____
- ☐ I do not have a court order for child support _____
- ☐ *I do not currently receive child support for _____
- ☐ *I do not currently receive child support for _____
- ☐ *I do not currently receive child support for _____
- ☐ *I do not currently receive child support for _____
- ☐ I currently receive child support in the amount of $ _____ per ☐ Week ☐ Bi-week ☐ Month for _____
- ☐ I currently receive child support in the amount of $ _____ per ☐ Week ☐ Bi-week ☐ Month for _____
- ☐ I currently receive child support in the amount of $ _____ per ☐ Week ☐ Bi-week ☐ Month for _____
- ☐ I currently receive child support in the amount of $ _____ per ☐ Week ☐ Bi-week ☐ Month for _____

*Attach documentation of attempt to collect child support.

E. Child Care Provider (Voucher Applicants/Clients Only)

If the provider is not currently licensed, certified or registered, the Department of Human Service requires the following background checks: SBI, Child Protective, and Motor Vehicle. These checks must be done prior to payments issued for child care. This is at least a six week process.

Name: _____ Phone: _____

Address: _____ ID/SS# _____

Street , RFD, PO Box Town/City Zip

Provider Rate Per Child:

Full Time (30-50 hours) _____ ¾ Time (20-29 hours) _____ ½ Time (1-19 hours) _____

Check the Type of Child Care: (If you are unsure of what type of provider you have, ask the provider to assure accuracy,)

- ☐ Certified Child Care Home
- ☐ Registered Child Care Home
- ☐ Licensed Child Care Home
- ☐ Licensed Center
- ☐ Legal Unregulated Child Care Provider (Care provided in your home)
- ☐ Legal Unregulated Child Care Provider (Care provided in provider's home)
- ☐ Relative Care (Care provided in your home) Relationship of Provider _____
- ☐ Relative Care (Care provided in provider's home) Relationship of Provider _____
- ☐ Legal Unregulated School Age Program

F. Hours Care is Needed: (i.e. 7am – 5 pm)

Child	Monday	Tuesday	Wed	Thurs	Friday	Saturday	Sunday	Total Hours

(Full time care = 30 to 50 hours. ¾ care = 20 - 29 hours. ½ care = 19 or less hours.)

G. School Age Children

Child	Grade (If in kindergarten indicate, full or half day)

H. Reason care is needed: (Give total weekly hours)

Parent/Guardian	Work	School	Study	Commute	Other	Total
Mother						
Father						
Guardian						
Other						

I. PROGRAM INFORMATION & REQUIREMENTS

Most funding sources require that both parents be employed, seeking employment, or attending an educational training program. All exceptions must be clearly documented.

Circumstance	Name	Documentation Needed
Child has a diagnosed special need (cerebral palsy, autism, etc) or identified developmental delay including, but not limited to the following: cognitive, behavioral, social/emotional, speech, and language, motor, self care. *(For priority status only – parents must be employed and/or in education program)*		**IFSP, Doctor's statement, Statement from professional with knowledge of issues.**
Child who has and/or is at risk of health, social/ emotional or developmental problems as a result of biological or environmental factors. . *(For priority status only – parents must be employed and/or in education program)*		**Statement by doctor, therapist, public health, social service or government agencies, schools, CDS etc.**
Adult enrolled in a substance abuse rehabilitation program *(Voucher Only)*		**Written referral from caseworker**
Teen parent 20 or younger attending high school or GED program		**Official School Schedules.**
Open Child Protective Case		**Referral from Caseworker**
Parent in educational/training program		**Official School schedule**
Family in crisis, at risk *(Voucher Only)*		**Statement from professional with knowledge of issues.**
Disabled parent		**Doctor's statement**
Job Search *(On-going Slot Clients and Waitlist Only)*		**Job Search Log**

I certify under penalty of perjury that to the best of my knowledge the above information is true. I understand that this information may be provided to the central office of the Department of Human Services for use in administration of this program. I authorize agency to verify this information by whatever means necessary.

Signature of Parent/Guardian **Date**

Please Attach all forms of documentation here:

ALL income must be reported and documented. Failure to do so may result in denial/termination of services. Attach proof of income for at least a four-week period for all income sources. (Exception: For new employment, a statement of hourly rate and average hours worked per week from the employer can be used to determine eligibility. Verification needs to be completed after 6 weeks of employment.)

Return to: